

**APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT**
**(PERMIT FEE IS NON-REFUNDABLE)**
**Submit electronically to EH@douglas.co.us**
**APPLICATION TO:  INSTALL (3010)  EXPAND (3030)  MAJOR REPAIR (3030)  MINOR REPAIR (3035)**

Application Date: \_\_\_\_\_

**ADDRESS OF PROPERTY SERVED BY PROPOSED SYSTEM**

Street Number: \_\_\_\_\_ Direction: \_\_\_\_\_ Street Name: \_\_\_\_\_

Street Type: (Ave, Dr, St) \_\_\_\_\_ Gate Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Assessor's Office Parcel Number (APN): \_\_\_\_\_

Lot Size (in Acres): \_\_\_\_\_

Legal Description (if no street address):

1/4 Sec \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

**Property Owner**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone1: \_\_\_\_\_

Phone2: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Applicant**  Same as Property Owner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone1: \_\_\_\_\_

Phone2: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PROPOSED FACILITY**
 Single Family  Multi-Family  Commercial  Other \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

 Are Additional Bedrooms Planned in the future?  Yes  No

*(Continued on back)*

**WATER AND SEWER INFORMATION**

Water Supply:

 Public Water System  Other  Unknown  Private Well

Supplier Name (for Hauled or Public Water): \_\_\_\_\_

Is property within boundaries of a sewer district?  Yes  No

If yes, sewer district: \_\_\_\_\_

Is the property within 400 ft. of a sewer line?  Yes  NoIf yes, has waiver been received from the sewer/sanitation district?  Yes  No**PROPERTY MARKED (Inspection Info Only)**Is lot marked?  Yes  No      Soil profile test pits marked?  Yes  No**INSTALLER / ENGINEER INFORMATION**

System Installer: \_\_\_\_\_

Soils Evaluation Technician \_\_\_\_\_ Job #: \_\_\_\_\_

System Designer: \_\_\_\_\_ Job #: \_\_\_\_\_

**COMMERCIAL GENERAL INFORMATION (if applicable)**  Section Not Applicable

Type of Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Design Flow  $\geq$  2,000 Gallons/Day  Yes  NoAre floor drains existing or proposed?  Yes  NoEPA Shallow Injection Well Inventory Request form completed?  Yes  No**APPLICANT'S SIGNATURE**

Applicant's Name (Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Douglas County Internal Use:**Permit Fee Paid by:  Property Owner  Applicant  Other: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_

Payment Type:  Cash  Check (# \_\_\_\_\_)  Charge

Amount Paid \$ \_\_\_\_\_

## **Directions to Property**

- Please provide **CLEAR** concise directions from the nearest Douglas County Health Department office to the site.
- Please note the condition of the road and ANY difficulties accessing the site (i.e., Gate codes. If a four-wheel drive vehicle is needed, arrangements to meet the inspector may be necessary).
- Our staff hours are 8:00 AM – 5:00 PM Monday – Friday.
- If the inspector cannot find the lot, the area of test pits or perc holes and/or cannot identify them due to improper marking, this will result in a second site visit and an additional charge.

**By initialing the following you are confirming you understand the above statements:**

The address or Lot # is CLEARLY marked  
 Test pits or perc holes flagged or staked and easily identifiable

### Gate Code (if applicable)



11045 E. Lansing Circle, Suite 300, Englewood, CO 80112